DELAWARE BOARD OF ARCHITECTS
INSTRUCTIONS FOR APPLICANTS

The following is needed in order in order to apply for a license by reciprocity with NCARB Certificate:

1. The Board's application must be completed in full.

2. Check or money order (non-refundable) made payable to State of Delaware. See Fee Schedule available at www.professionallicensing.state.de.us to determine the pro-rated fee.

3. An applicant holding a NCARB Certificate can contact NCARB and request that his/her file be forwarded to the Delaware Board of Architects.

National Council of Architectural Registration Boards (NCARB)
1801 K Street, NW, Suite 1100
Washington, DE 20006-1310
Phone: (202) 783-6500
Fax: (202) 783-0290
Web Site: www.ncarb.org

The following is needed in order in order to apply for a license by reciprocity with direct application to the Board:

1. The Board's application must be completed in full.

2. Transcript sent directly to the Board's office from college or university. The transcript should evidence the conferral of a Bachelor of Architecture degree or a Masters of Architecture degree from a NAAB accredited program.

3. Each employer listed in the experience section of the application (page 2) must be accompanied by a corresponding employment verification form.

4. A letter of good standing or a verification of licensure from each state in which you have ever held a license sent directly to the Board's office.

5. Check or money order (non-refundable) made payable to State of Delaware. See Fee Schedule available at www.professionallicensing.state.de.us to determine the pro-rated fee.

6. If applicable, a Request for Waiver of IDP form must be submitted to the Board for consideration. See Rule and Regulation 5.0.

The following is needed in order in order to apply for a license by written examination:

1. The Board's application completed in full.

2. IDP file must be received by the Board office from NCARB.

3. Check or money order (non-refundable) made payable to State of Delaware. See Fee Schedule available at www.professionallicensing.state.de.us to determine the pro-rated fee.

Please Note: It is the responsibility of the applicant to ensure that all licensing requirements are fulfilled and to arrange for the Board to receive all necessary supporting documents. The Board may request additional information or documents if clarification is needed. Once the application is complete and all documents received, the Board will review the application and the applicant will be notified by the Board office of the outcome. Any questions regarding the

Board's application process or a specific application should be directed to (302) 744-4500 or to dana.spruill@state.de.us.
Rev. 7/7/04

DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING
861 SILVER LAKE BLVD., STE 203
DOVER, DELAWARE 19904-2467

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DELAWARE BOARD OF ARCHITECTS

APPLICATION FOR EXAMINATION/LICENSE

Full Name_____

Home Address_____

Business Address_____

Telephone (Home)_____(Business)_____

Email_____

Social Security Number_____

I hereby apply for a license to practice architecture by the following method:

_____ By Written Examination (IDP file must be submitted by NCARB)

_____ By Reciprocity with NCARB Certificate
Current State of Registration through which you are applying for reciprocity _____

_____ By Reciprocity with DIRECT APPLICATION to the Board

A. EDUCATIONAL BACKGROUND:
Name of Colleges, Universities or Technical Schools Attended_____

_____

_____

Dates of Attendance_____

Degree Earned_____

B. LICENSURE IN OTHER STATES:
List all states in which either currently licensed/registered or previously licensed/registered

as an architect.

_____

If applying by reciprocity with direct application, a verification of licensure must be received directly from each state's licensing agency.

C. PRACTICE EXPERIENCE:

Give full name and complete address of each employer through which you are claiming experience. List each period of continuous employment separately even if for the same employer. If any of the conditions of employment change (i.e. full-time/part-time status, type of firm), list each period separately.

NOTE: Work experience verification forms completed by employers are necessary only for applicants applying through reciprocity by direct application in order to verify minimum experience requirements.

Employer/Firm Name:

Employer Address:

DATES OF EMPLOYMENT						LENGTH OF TIME		EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/ LANDSCAPE INT.	CONSTRUCTION	TEACHING OR RESEARCH	OTHER**
FROM			TO			FULL - TIME	*PART-TIME (Less than 35 hours per week)											
MO	DAY	YR	MO	DAY	YR	v	HOURS/WEEK											

Employer/Firm Name:

Employer Address:

DATES OF EMPLOYMENT						LENGTH OF TIME		EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/ LANDSCAPE INT.	CONSTRUCTION	TEACHING OR RESEARCH	OTHER**
FROM			TO			FULL - TIME	*PART-TIME (Less than 35 hours per week)											
MO	DAY	YR	MO	DAY	YR	v	HOURS/WEEK											

Employer/Firm Name:

Employer Address:

DATES OF EMPLOYMENT						LENGTH OF TIME		EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/ LANDSCAPE INT.	CONSTRUCTION	TEACHING OR RESEARCH	OTHER**
FROM			TO			FULL - TIME	*PART-TIME (Less than 35 hours per week)											
MO	DAY	YR	MO	DAY	YR	v	HOURS/WEEK											

Employer/Firm Name:

Employer Address:

DATES OF EMPLOYMENT						LENGTH OF TIME		EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/ LANDSCAPE INT.	CONSTRUCTION	TEACHING OR RESEARCH	OTHER**
FROM			TO			FULL - TIME	*PART-TIME (Less than 35 hours per week)											
MO	DAY	YR	MO	DAY	YR	v	HOURS/WEEK											

D. AFFIDAVIT AND NOTARIZATION:

1. I have been denied registration in any jurisdiction. Yes_____No_____

2. My registration has been revoked or suspended by any jurisdiction. Yes_____No_____

3. I have been found by a court or registration board to have, in the conduct of my practice, violated the law or rules of a registration board. Yes_____No_____

4. I have been convicted of a felony. Yes_____No_____

If you answered yes to questions 1, 2, 3, or 4, list date(s), jurisdiction(s) and provide details including the basis for the action against you and the result of any appeal from the finding on supplemental page(s).

I am aware that the Board's statute and rules and regulations are both available on the Board's web site located at www.dpr.delaware.gov**. If I do not have internet access, I may request a copy from the Board's office. I am aware that it is my responsibility to obtain a copy and be familiar with the content of the statute and rules and regulations.**

Please note: When your application is complete, please allow 46 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.

The undersigned, being duly sworn, upon his or her oath deposes and says that he or she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

STATE OR COUNTRY OF:
COUNTY OF:

_____
Signature of Applicant

Sworn by the deponent _____,
Known to me, at _____,
_____ on the
_____day of _____ 20_____.
Before me, _____ SEAL
(Notary Public or other officer qualified to take oaths)

Revised 7/7/04